Appendix 1
Instructions for Completing the Presumptive Eligibility for Pregnant Women Application

Section I — Nonfinancial Eligibility

To complete Section I, the provider should follow these instructions:

1. Inform the client that she may be eligible for Wisconsin Medicaid.
2. Determine if the client is a candidate for Medicaid presumptive eligibility for pregnant women by having her complete Section I, including questions 1 and 2.
   - If the client answers "yes" to question 1, she is already receiving Medicaid benefits. Stop here.
   - If the client answers "no" to question 2, she has indicated that she is not a U.S. citizen. Inform the client that she does not qualify for presumptive eligiblility. She may still be eligible for Wisconsin Medicaid, but she must apply at her county/tribal social or human services department, W-2 agency, or Medicaid outstation site.

     Since the client answered "no" to question 2, go to Section IV. Check the appropriate box indicating why presumptive eligibility cannot be determined, sign and date the form, and have the client sign and date the form. Detach and discard the bottom portion of the application and give one copy of the Presumptive Eligibility for Pregnant Women Application to the client. A copy should be retained for the provider's files. Mail the third copy to:

     Wisconsin Medicaid
     Eligibility
     6406 Bridge Rd
     Madison WI 53784

   - If the client answers "no" to question 1 and "yes" to question 2, continue on to the financial eligibility determination in Section II.

Note: If the client does not have a Social Security number (SSN), providers are required to call Wisconsin Medicaid's Recipient Services at (800) 362-3002 or (608) 221-5720, to obtain a pseudo-number. Wisconsin Medicaid will return the application if an SSN or a pseudo-number is not recorded.

Section II — Financial Eligibility

For presumptive eligibility determinations, the financial test is based on anticipated income. For this calculation, use the actual income expected during the month. (For example, a woman applying any time in September will use expected income for September.) Use the expected hours of work and expected dependent care expenses to calculate the employment expense and dependent care deductions.

Line 1

To be presumptively eligible for Medicaid benefits, the client must meet the income limits for the appropriate family size. All family income may have to be considered. Income that must be counted includes the spouse's income if the client is married or the parent's income if the client is a never-married minor, under age 18, who lives with her parent(s).

Note: When determining who is in the family, the provider is required to include family members living with the client. For example:

- Minor pregnant woman — Include the pregnant woman, her parents if she is a never-married minor, her minor natural or adopted siblings (full or half) living in the household, her minor natural or adopted children, if any, living in the household, and the number of unborn fetuses.
- Adult pregnant woman without spouse — Include the pregnant woman, her minor natural or adopted children living in the household, and the number of unborn fetuses.
- Adult pregnant woman with spouse — Include the pregnant woman, her spouse if he is living in the household, her minor natural or adopted children living in the household, and the number of unborn fetuses.

Line 2

Add all *gross earned* income (amount of money earned before any deductions are made). Refer to Line 6 of this appendix for income exclusions.

Appendix 1 (Continued)

Earned income includes:

- Wages.
- Salaries.
- Tips.
- Commissions.
- All other payments resulting from labor or personal service.

Include *self-employment* income. Self-employment income is income earned directly from one's own business, rather than earned as an employee with a specified salary or wages from an employer. Deduct costs when calculating self-employment income. Use monthly average for this calculation. If the business is ongoing and no changes have taken place, use the previous year's tax statement and divide by the number of months of operation.

Convert gross earned income (amount of money earned before any deductions are made) to the monthly total and enter this amount on Line 2.

Line 3

For each employed household member, enter a $90 work-related expense per month.

Line 4

Calculate the allowable expense deduction for dependent care. Actual dependent care for a dependent child (child care) or for an incapacitated adult (adult day care), if necessary for employment, may be determined as follows:

a. Up to $175 per dependent child age two or older or incapacitated adult per month.
b. Up to $200 per dependent child under age two per month.

Enter this amount on Line 4.

Line 5

Compute the total *net earned income* and enter this amount.

Line 6

Add all *unearned income* and enter this amount. Unearned income includes, but is not limited to:

- Pensions, annuities, insurance benefits, Social Security benefits (use gross amounts), Veterans' benefits, military allotments, and Workers' Compensation.
- Payments received for the rental of rooms, apartments, dwelling units, buildings, or land (if not reported as self-employment income). Taxes and the expense of upkeep may be deducted.
- Child support payments (deduct $50 per month from total child support payments).

Unearned income does *not* include:

- Supplemental Security Income.
- Wages of full- or part-time students (unless the person is a part-time student who is employed full time).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses which the client has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing, or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Earned Income Tax Credits payments.
- Payments made by a third party directly to landlords or other vendors.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the client/recipient for housing or utility costs (e.g., U.S. Department of Housing and Urban Development [HUD] utility allowances).

Do not include the following *nutrition-related benefits:*

- The Food Stamp Program allotment.
- Any United States Department of Agriculture (USDA)-donated food (surplus commodities) and other emergency food.
- Home produce that household members use for their own consumption.
- Supplemental food assistance received under the Child Nutrition Act of 1966, as amended.
- Benefits received under the National School Lunch Act, as amended.
- Benefits received under the Women, Infants, and Children (WIC) Supplemental Nutrition Program.

- Benefits received from the Emergency Food and Shelter National Board Program and the Federal Emergency Management Assistance Program (P.L. 98-8), such as food vouchers and/or cash.
- Benefits from USDA's Child Care Program.

Exclude the following income:

- If the pregnant woman or an individual whose income is included in determining her eligibility has been ordered by a court to pay child support to a person who is not a family member (e.g., the child is not living in the same home as the parent paying child support), disregard the amount of the support in determining the *total net income*.

Line 7
Add the *total net income* (Line 4) and *total net unearned for total net income* (Line 5) and enter this amount.

Line 8
Compare *total net income* to the *monthly standard* for the family size from the federal poverty level (FPL) guidelines. The client's income must be at or below 185% of the FPL. The FPL guidelines are updated annually and published in a *Wisconsin Medicaid and BadgerCare Update*. Refer to the Wisconsin Medicaid Web site at *www.dhfs.state.wi.us/medicaid/* for the most recent *Update* with up-to-date FPL guidelines.

Section III — Verification of Pregnancy

Complete pregnancy verification information. Providers may accept written verification of the pregnancy and due date from a physician, physician assistant, licensed nurse practitioner, registered nurse working in Maternal and Child Health, registered nurse working in a publicly funded family planning project, or a certified nurse midwife as verification of the pregnancy. Acceptance of this written verification means that providers do not have to perform an additional pregnancy verification.

Section IV — Notice

If the Client Is Presumptively Eligible

If the client meets the income eligibility limits and the provider has medically verified her pregnancy, she is presumptively eligible. The provider should check the appropriate boxes and sign the presumptive eligibility form.

If the Client Is Not Presumptively Eligible

If the client does not qualify under the income guidelines, providers are required to do the following:

- Check the appropriate box on the form indicating the reason for the client's ineligibility.
- Sign and date the form.
- Have the client sign and date the application indicating that she understands that, even though the provider has not found her presumptively eligible, she may still be eligible for Wisconsin Medicaid. Encourage the client to apply for Wisconsin Medicaid at her county/tribal social or human services department, W-2 agency, or Medicaid outstation site.
- Inform the client that she may be eligible for the WIC program and provide her with a copy of the WIC pamphlet from the Division of Public Health. For further information, refer to the Division of Public Health's WIC Web site at *www.dhfs.state.wi.us/WIC/*.
- Detach and discard the bottom portion of the application and provide the client with a copy of the presumptive eligibility form. This will serve as the client's notice of denial of eligibility. Retain a copy for your files and mail a copy to Wisconsin Medicaid at:

  Wisconsin Medicaid
  Eligibility
  6406 Bridge Rd
  Madison WI 53784

Section V — Temporary Identification Card

Complete the following items on the temporary (beige) card if the client is presumptively eligible:

1. *Card validity dates.*

   Medicaid presumptive eligibility for pregnant women begins on the day eligibility is determined and continues through the last day of the month following the month in which presumptive eligibility is determined (e.g., a woman whose presumptive eligibility begins June 6 is eligible through the end of July).

2. *Medical status code.*

   Check either the medical status code "PE" or "P2" box, depending on income determined from Tables I and II of the FPL. The FPL guidelines are updated annually and published in an *Update*. Refer to the Wisconsin Medicaid Web site at

www.dhfs.state.wi.us/medicaid/ for the most recent FPL guidelines.

3. *Social Security number.*

   Enter the client's SSN or pseudo-number. Add a zero on the end.

4. *Agency code.*

   Agency code assigned to the provider.

5. *Client name and address.*

   Print or type the client's full name and address in the box provided at the bottom of the card.

Providers are then required to:

- Have the client sign the Presumptive Eligibility for Pregnant Women Application.
- Inform the client that her presumptive eligibility lasts from the month she is found eligible until the end of the following month. Before this time period is over, the client must apply for Wisconsin Medicaid either by mail, telephone, or in person. The client may fill out a Family Medicaid/BadgerCare Application and Review Form (HCF10100, formerly DES-12277) furnished by the provider or the provider may refer her to her local county/tribal social or human services department, W-2 agency, or Medicaid outstation site. If the client does not apply within this time period, presumptive eligibility will end. Refer to Appendices 3 through 6 for a Medicaid, BadgerCare, and Family Planning Waiver Registration Application; Wisconsin Family Medicaid, BadgerCare, and Family Planning Application and completion instructions; and a Medicaid Authorization of Representative form.
- Inform the client that her county/tribal social or human services department, W-2 agency, or Medicaid outstation site may extend eligibility if the client files an application on or before the last day of the presumptive eligibility period.
- Give the client a copy of the Presumptive Eligibility for Pregnant Women Application. Explain to the client that this will serve as verification of her pregnancy when applying for a Medicaid eligibility determination.
- Detach the bottom portion of the application for the client to use as a temporary Medicaid card (beige). This temporary Medicaid card entitles the client to outpatient pregnancy-related care provided by a Medicaid-certified provider.
- Inform the client that a plastic Wisconsin Medicaid *Forward* card will be mailed to her. The *Forward* card is valid only for the temporary presumptive eligibility period and is still limited to outpatient pregnancy-related care only. The client must apply for Medicaid eligibility through her county/tribal social or human services department, W-2 agency, or Medicaid outstation site to receive full Medicaid benefits, including any inpatient care.
- Inform the client that if she is determined to be eligible for Wisconsin Medicaid, she may continue to use the *Forward* card. The card will then be valid for all Medicaid-covered services, including inpatient care, until the end of the month in which the 60th postpartum day occurs.
- Inform the client that she may be eligible for the WIC program and provide her with a copy of the WIC pamphlet from the Division of Public Health. For further information, refer to the Division of Public Health's WIC Web site at *www.dhfs.state.wi.us/WIC/*.
- Mail or fax the Presumptive Eligibility for Pregnant Women Application to Wisconsin Medicaid at the following address or fax number:

  Wisconsin Medicaid
  Eligibility
  6406 Bridge Rd
  Madison WI 53784
  Fax: (608) 221-8815

  If the Presumptive Eligibility for Pregnant Women Application is faxed, a copy should also be mailed to the county/tribal social or human services department, W-2 agency, or Medicaid outstation site where the client has applied for Wisconsin Medicaid. Wisconsin Medicaid must receive determination on or before the fifth working day after the day determination is made. The notice requirement is met when Wisconsin Medicaid receives its copy of the completed application, either by fax or mail.
- Explain to the client that a presumptive eligibility determination does not guarantee that her county/tribal social or human services department, W-2 agency, or Medicaid outstation site will find her eligible for Wisconsin Medicaid because of other requirements that may apply.